

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020320

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District

1003

Registrar's No.

4671

FILED MAY 23 1962

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
10 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Chronic Hosp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
1314 Lynch St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Anna

Middle H.

Last Degenhardt

4. DATE OF DEATH

Month 5 Day 6 Year 62

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3/17/80

9. AGE (last birthday) 82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housekeeping

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Benjamin Eigelberger

13b. MOTHER'S MAIDEN NAME

Burnadina

14. NAME OF HUSBAND OR WIFE

Henry B. Degenhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

0 Caroline Rue - 3861 DeTonty

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bilateral bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

491x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

chronic ulcerative colitis, peritonitis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-29-61 to 5-6-62 and last saw her alive on 5-6-62

Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

S. E. Smith M.D.

(Degree or title)

22b. ADDRESS

5600 Arsenal St.

22c. DATE SIGNED

5/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

May 9, 1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

WACKER-HELDERLE - 3634 Gravois Ave.

25. DATE REC'D. BY LOCAL REG.

MAY 7 1962

26. REGISTRAR'S SIGNATURE

Carl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

VS 300

Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James M. Billo
Licensed Embalmer No. 4875

P. O. Address St Louis 23 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.